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The President's Page

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President's Page

It is my pleasure to assume the presidency of the National Federation of Catholic Physicians' Guilds following the leadership of one of our most able presidents, Dr. John Cavanagh, who left the organization in an extremely viable, vibrant and growing condition. Dr. Cavanagh was responsible for the most successful annual meeting in our recent history in conjunction with the American Association of Catholic Hospital Chaplains in Washington, D.C. We are hopeful of continuing our close relationships with the chaplains' organization so that physicians and pastoral care teams in our hospitals may be aided in the spiritual care of their patients; to this end a liaison committee has been set up between the two organizations to foster the appropriate interchange.

One of the customary actions undertaken at the beginning of a new year is the setting forth of goals for our organization. Occasionally this has been a source of chagrin as time and conditions have prevented their attainment—but hope springs eternal. The paramount goal for the NFCPG during the coming year will be an allout effort to increase membership not only in numbers of physicians involved, but also in the development of guilds in new areas. It is hoped that this may be accomplished by a special internal program of the NFCPG, by enlisting the aid of the various diocesan authorities, and also through active recruitment by our hospital chaplains.

As one of our secondary goals we would like to see complete integration of foreign trained Catholic physicians into our active programs. A particularly large segment of Catholic physicians who have not participated are our colleagues of Phillipine origin. Won't each local guild please make a special effort to include these physicians in their activities?

During the past year problems concerning the physician's role in the hospital family have arisen as a result of the Catholic Hospital Asso-

ciation guidelines on hospital relationships. Fortunately, the CHA has been most gracious in joining with us in the formation of a liaison committee to resolve these problems and we are very hopeful that by years' end all will be well.

In a more patient oriented vein it seems that the problems of the dying patient are every year becoming more difficult, primarily because of the evolution of a more sophisticated mode of the physician's practice which enables him to more efficiently care for an increasing number of exotic diseases but definitely and effectively removes him from the home and bedside of the dying patient. A Christian approach to the patient necessitates the development of systems of medical care which can supply the support which charity for the patient demands. We are hopeful that by focusing attention on this problem a beginning toward solutions may occur.

Finally, I would exhort each one of us to persist tenaciously in our pro-life commitments. The next several years are bound to be bleak and discouraging until our educational efforts begin to take effect in this pluralistic society. When the average person finally recognizes his fellow human being in the unborn, the senile, and the retarded, only then will these, our most vulnerable brothers, be safe in this society.

Edward G. Kilroy, M.D.

Moderator's Page

One could visualize a physician saying to himself while visiting his patient at the hospital, "I hope he is asleep when I get to his room; I hardly know what to say that will be acceptable."

The dilemma as to what, how much, and when to tell a person who is ill must be a frequent and unpleasant experience, especially when "he who is sick" is in serious condition. It would seem that the traditional "bedside manner" which brought physicians great fame in the past could still be very relevant and meaningful in these extremely busy days. For the patient who is wondering about his health, the evenings are long, and his worry may cause not only frustration, but psychosomatic problems as well.

While the doctor of the past did not have the technological knowledge and equipment of today, he did use his art of curing with words as well as medicine. Jesus said, "It is not on bread alone that man lives, but by every WORD that comes forth from the mouth of God." Physicians do take the place of God's Son in their priestly role of curing, healing, comforting and consoling their brother in need.

A Catholic physician should not be embarrassed to ask his suffering patient for prayers. Words uttered in pain, like those of Jesus on the